



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1132450
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1132450

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STRASSER A 1
Doc ID	1132450

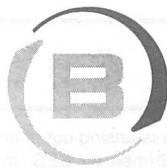
All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
SPECTRAL DENSITY DUAL SPACED NEUTRON
BOREHOLE COMPENSATED SONIC ARRAY
MICROLOG
ANNULAR HOLE VOLUME PLOT

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	STRASSER A 1
Doc ID	1132450

Tops

Name	Top	Datum
HEEBNER	3825	
TORONTO	3846	
LANSING	3921	
KANSAS CITY	4231	
MARMATON	4377	
CHEROKEE	4509	
ATOKA	4611	
MORROW	4672	
ST. GENEVIEVE	4698	
ST. LOUIS	4908	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03148 A

DATE _____ TICKET NO. _____

DATE OF JOB: 12/14/12	DISTRICT: 1917	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER: Oxy USA		LEASE: Strasser A 1					WELL NO.:	
ADDRESS:		COUNTY: Finney			STATE: KS			
CITY:		STATE:		SERVICE CREW: Chad, Powell, Ed B, Hector R.				
AUTHORIZED BY: Tyce		JOB TYPE: 242 8 1/2 Surface						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
19888	5.5							11.22
39223 39924	5.5					ARRIVED AT JOB		8:30
14355 39925	5.5					START OPERATION		11.11
30464 39924	5.5					FINISH OPERATION		11.16
						RELEASED		2:00
						MILES FROM STATION TO WELL		85

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A lon stand	SK	350	13 02	4557 00
CL110	Premium PLU	SK	245	11 41	2795 45
CC109	Calcium Chloride	LB	1449	74	1072 26
CC107	Celloflace	01-02 3023 LB	149	2 59	385 91
CC130	C-51	1163732 LB	66	17 50	1155 00
CF253	Guide Slice	Jeremy Keese EA	1		266 00
CF1453	Flapper Float Valve	Jeremy M. Keese EA	1		196 00
CF4405	Centralizer	EA	25	101 50	1522 50
CF4526	Basket	EA	1		735 00
CF105	Top Plug	EA	1		157 50
CF4109	Stop Collar	EA	1		70 00
E101	Heavy Equip Mileage	Mi	255	4 90	1249 50
CE240	Blending & Mixing Charge	SK	595	98	583 10
E113	Bulk Delivery	TM	2350	1 12	2665 60
CE202	Depth Charge 1000'-2000'	4hr	1		1050 00
CE504	Plug Container	Job	1		175 00
E100	Pickup Mileage	Mi	85	2 98	253 30
5003	Service supervisor	EA	1		122 50
T105	Cement Date Acq.	EA	1		385 00
CE403	Permit Charge	EA	1		
SUB TOTAL					19606.62
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT				%TAX ON \$	
MATERIALS				%TAX ON \$	
TOTAL					

SERVICE REPRESENTATIVE:	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO.:	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Cement Report

Customer <i>Oil USA</i>	Lease No.	Date <i>12/14/12</i>
Lease <i>Strasser A</i>	Well # <i>1</i>	Service Receipt
Casing <i>4 5/8"</i> Depth	County <i>Finnely</i>	State <i>KS</i>
Job Type <i>Surface</i>	Formation	Legal Description <i>26-23-32</i>

Pipe Data		Perforating Data		Cement Data
Casing size <i>4 5/8</i>	Tubing Size	Shots/Ft		Lead <i>350 SK</i>
Depth <i>1405.67</i>	Depth	From	To	<i>A-Con @ 12.1#</i>
Volume <i>112.35</i>	Volume	From	To	<i>2.40 14.00</i>
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>245 SK</i>
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>P.P. @ 14.8#</i>
Plug Depth	Packer Depth	From	To	<i>1.34 6.33</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>06:30</i>					<i>on loc, spot trucks R.D., Safety mfg</i>
<i>11:11</i>	<i>2100</i>				<i>Test Lines</i>
<i>11:16</i>	<i>130</i>		<i>0</i>	<i>5</i>	<i>Start Mixing @ 12.1#</i>
<i>11:50</i>	<i>150</i>		<i>150</i>	<i>5</i>	<i>on Tail @ 14.8#</i>
<i>12:09</i>	<i>Ø</i>		<i>59</i>	<i>Ø</i>	<i>Finished Mixing, Drop Plug</i>
<i>12:14</i>			<i>Ø</i>	<i>5</i>	<i>Start Disp, Washup</i>
<i>12:32</i>	<i>600</i>		<i>102</i>	<i>2</i>	<i>Slow Rate</i>
<i>12:37</i>	<i>1350#</i>		<i>112</i>	<i>Ø</i>	<i>Plug Down</i>
<i>12:42</i>	<i>Ø</i>				<i>Release Psi, float held</i>
<i>12:45</i>	<i>1500</i>				<i>Test Csg</i>
<i>13:15</i>	<i>Ø</i>				<i>Release Psi</i>
					<i>Job Complete</i>

Service Units	<i>198586</i>	<i>34223 37926</i>	<i>14355 317725</i>	<i>3463 37927</i>
Driver Names	<i>Celine</i>	<i>R. Dicks</i>		

Jeremy
Customer Representative
Terri Bennett
Station Manager
Chris Hviz
Cementer



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03350 A

DATE _____ TICKET NO. _____

DATE OF JOB 12-18-12	DISTRICT 1717	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER Oxy USA	LEASE Strasser A #1	WELL NO.							
ADDRESS	COUNTY Finney	STATE KS							
CITY	STATE	SERVICE CREW J. Brialva, S Chavez							
AUTHORIZED BY J. Bennett	JOB TYPE: 242 8 1/2" Prod.								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 12-18-12	AMP PM	TIME
19902	8								7:00
27462	8								10:00
14355	4								12:00
37725	4								2:00
									3:00
						RELEASED			
						MILES FROM STATION TO WELL	85 mi		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL104	50/50 Poz	sk	300	7 70	2310 00
CC113	Gypsum	lb	1260	52	655 20
CC111	Salt		1841	35	644 35
CC103	C-15		152	8 75	1330 00
CC105	C-41P		63	2 80	176 40
CC201	Gilsonite		1500	47	705 00
CF251	8/2 Shoe	ea	1		175 00
CF1451	Insert		1		150 50
CF4452	Centralized		25	52 50	1312 50
CF103	Plug		1		73 50
CF4105	Stop Collar		1		58 50
CC155	Super Plush	gal	500	1 07	535 00
E101	Medley Equipment Mileage	mi	170	4 90	833 00
CF240	Blending of Mixity Service	sk	300	98	294 00
E113	Proppant + Bulk Delivery	cu yd	1071	1 12	1199 52
CF206	Pump Depth: 5001-6000'	hr	1		2016 00
CF504	Plus Container	ea	1		175 00
E100	Unit Mileage	mi	85	2 97	252 45
5003	Service Supervisor	ea	1		122 50
SUB TOTAL					13438.72

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE:

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer	Oxy USA	Lease No.		Date	12-18-12
Lease	Strosser	Well #	A #1	Service Receipt	03350
Casing	5 1/2" 17#	Depth	5060'	County	Finney
Job Type	242 5 1/2" Production	Formation		State	KS
		Legal Description	28-23-32		

Pipe Data		Perforating Data		Cement Data
Casing size	5 1/2" 17#	Tubing Size		Lead
Depth	5060'	Depth	From To	
Volume	Disp - 116.4 bbl	Volume	From To	
Max Press	3000#	Max Press	From To	Tail in 300 sk
Well Connection	TD - 5050'	Annulus Vol.	From To	50/50 Poz
Plug Depth	35-43'	Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00					on loc-site assessment
10:05					spot trucks - rig up
11:00					CSG on bin, break circ
11:30					safety meeting JSA
12:00					pressure test 3000#
12:02	200		5	4	pump 5 bbl H2O spacer
12:05	200		12	4	pump 12 bbl super flush
12:08	200		5	4	pump 5 bbl H2O spacer
12:10	200		84.4	5	mix + pump 300 sk 50/50 Poz @ 13.5# - 1.58 ft ³ /sk
12:30					finish cmt, wash lines
12:35	100		0	5	drop plug, disp CSG
12:55	1000		105	2	slow rate
1:00	1500		116	0	land plug, float held
1:10	2500				pt 3000# CSG - 30 min, OK

Service Units	19902	27462	14355-3725	
Driver Names	A Olvera	J Griffin	S Chavez	

Jeremy Customer Representative
 J Bennett Station Manager
 A Olvera Cementer

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 10, 2013

LAURA BETH HICKERT
OXY USA Inc.
5 E GREENWAY PLZ
PO BOX 27570
HOUSTON, TX 77227-7570

Re: ACO1
API 15-055-26318-00-00
STRASSER A 1
NW/4 Sec.28-23S-32W
Finney County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LAURA BETH HICKERT